



Congressman Joe Pitts

Berks, Chester, and Lancaster Counties



PRIVACY ACT CONSENT FORM

Return to:

Chester County:
Post Office Box 837
Unionville, PA 19375

Lancaster County:
Lancaster County Courthouse
50 North Duke Street
Lancaster, PA 17602

Social Security Number: _____ - _____ - _____

ID Number (if applicable): _____

I, _____, authorize Congressman Joe Pitts and/or a member of his staff to make inquiries of federal agencies and to view confidential information so that they can be of assistance to me with the below referenced matter.

Signature: _____

Date: _____

Name (please print clearly): _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____

Daytime Phone: (_____) _____

E-mail address: _____

Fax: (_____) _____

Explain as clearly and briefly as you can the nature of your problem and what you are asking Congressman Pitts to do on your behalf: